

GORDON D. MEADOR CS7959  
Name and Prisoner/Booking Number  
PO BOX 1050  
SALINAS Valley STATE PRISON  
Soledad, CA 93960

**FILED**

APR 04 2019

(Failure to notify the Court of your change of address may result in dismissal of this action.) CLERK, U.S. DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA  
BY AMC  
DEPUTY CLERK

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA**

GORDON D. MEADOR,,  
(Full Name of Plaintiff) Plaintiff,  
  
(1) R. DIAZ, SECRETARY, CDCR,,  
(Full Name of Defendant)  
(2) MS. T. FOSS, WARDEN SVSP,,  
  
(3) E. BORLA, CHIEF DEPUTY, SVSP,,  
  
(4) + al.,  
Defendant(s).  
  
 Check if there are additional Defendants and attach page 1-A listing them.

)  
CASE NO. 219 - CV - 0586 AC PG

)  
(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT  
BY A PRISONER**

- Original Complaint  
 First Amended Complaint  
 Second Amended Complaint

**A. JURISDICTION**

1. This Court has jurisdiction over this action pursuant to:

- 28 U.S.C. § 1343(a); 42 U.S.C. § 1983  
 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).  
 Other: 28 USC 1391(b)

2. Institution/city where violation occurred: SALINAS VALLEY STATE PRISON.

## B. DEFENDANTS

1. Name of first Defendant: RALPH DIAZ. The first Defendant is employed as:  
SECRETARY CDCR, HEADQUARTERS at SACRAMENTO, CA.  
(Position and Title) (Institution)
2. Name of second Defendant: M.S.T. FAIS. The second Defendant is employed as:  
CHIEF WARDEN at SALINAS VALLEY STATE PRISON.  
(Position and Title) (Institution)
3. Name of third Defendant: E.J. BORIA. The third Defendant is employed as:  
CHIEF DEPUTY WARDEN at SALINAS VALLEY STATE PRISON.  
(Position and Title) (Institution)
4. Name of fourth Defendant: \_\_\_\_\_ . The fourth Defendant is employed as:  
\_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

## C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner?  Yes  No
2. If yes, how many lawsuits have you filed? 5. Describe the previous lawsuits:
  - a. First prior lawsuit:
    1. Parties: Meador v. HAMMER
    2. Court and case number: ?
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) settled
  - b. Second prior lawsuit:
    1. Parties: Meador, et al. v. Selliers
    2. Court and case number: ?
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) settled
  - c. Third prior lawsuit:
    1. Parties: Meador v. CDCR
    2. Court and case number: ?
    3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) settled

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

## D. CAUSE OF ACTION

### CLAIM I

1. State the constitutional or other federal civil right that was violated: 8<sup>th</sup> & 14<sup>th</sup> Amendments  
to the U.S. Constitution

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities             | <input type="checkbox"/> Mail                        | <input type="checkbox"/> Access to the court  | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings      | <input type="checkbox"/> Property                    | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation  |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____         |                                       |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

per CCR title 15 3335(a) if an inmates life is in danger of harm by other inmates he is to be placed into ad-seg or shu for protection. If there is no prison yards safe for that inmate, he is to be placed into protective housing units PHU or SHU per title 15 3341.5(a). my prison gangs 2-5 and I.R. HAUO tried to kill plaintiff at, KERN, SVSP, CI, CIM, LAC, PBSP, COR, STATE, HOSP, and RJD twice, and CDCR and prison administration's continue to place plaintiff on these yards with full knowledge that plaintiff will be killed. Plaintiff has been stabbed by Huey Carter and stabbed by inmate Diesso both of I.R & 2-5 gangs. Plaintiff has been assaulted 4 other times. On 3-19-19 a ARKAN I.R. gang member was going to stab plaintiff to death at group at SVSP. A condition prevented the stabbing by sitting next to plaintiff. Plaintiff has filed 602 and formal letters and complaints to Ralph Diaz, Secretary.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

ULCERS, STRESS causin g a Heart attack, PTSD and severe PARANOIA, 4 Beatings and two stabbings.

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
- b. Did you submit a request for administrative relief on Claim I?  Yes  No
- c. Did you appeal your request for relief on Claim I to the highest level?  Yes  No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

D. CAUSE OF ACTION, CLAIM I. CONTINUED.

CDCR, MS. FOSS, WARDEN SUSP AND E.J. BORKA CHIEF DEPUTY WARDEN, AND NOTHING HAS BEEN DONE TO PROTECT PLAINTIFF FROM THESE SNY YARDS OR GANG MEMBERS.

PLAINTIFF HAS BLEEDING ULCERS, HAD A HEART ATTACK AND IN A WHEELCHAIR ALL AS A RESULT OF THESE GANG MEMBERS TRYING TO KILL THE PLAINTIFF. PLAINTIFF SOFFERS SEVERE PTSD AND PARANOIA FROM THESE GANGS TRYING TO KILL THE PLAINTIFF.

CASE LAW ON THESE REQUIRED PROTECTIONS ARE FARMER V. BRENNAN, 511 U.S. 885, 128 L.Ed.2d 811, BERG V. KINCHELOE (9TH CIR. 1986); FINNEY V. ARKANSAS DEPT. OF CORRECTIONS, 505 F.2d 194, GATES V. COLLIER, 501 F.2d 1291; CAL. CODE OF REGULATIONS TITLE 15 3335(a), 3270, 3271, AND 3341.5(a).

HELLING V. MCKINNEY 509 U.S. 25 125 L.Ed.2d 85, RAMOS V. LAUREN, 639 F.2d 559, 572; WOODHOUSE V. VIRGINIA, 487 F.2d 889.

PLAINTIFF WILL BE KILLED WITHOUT THIS COURT'S INTERVENTION.

## CLAIM II

1. State the constitutional or other federal civil right that was violated: \_\_\_\_\_

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

Basic necessities       Mail       Access to the court       Medical care  
 Disciplinary proceedings       Property       Exercise of religion       Retaliation  
 Excessive force by an officer       Threat to safety       Other: \_\_\_\_\_

- 3. Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

W H I C H

4. **Injury.** State how you were injured by the actions or ~~in~~actions of the Defendant(s).

ed by the actions or

5. **Administrative Remedies.**

  - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
  - b. Did you submit a request for administrative relief on Claim II?  Yes  No
  - c. Did you appeal your request for relief on Claim II to the highest level?  Yes  No
  - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. \_\_\_\_\_

### **CLAIM III**

1. State the constitutional or other federal civil right that was violated: \_\_\_\_\_

2. **Claim III.** Identify the issue involved. Check only one. State additional issues in separate claims.

<input type="checkbox"/> Basic necessities	<input type="checkbox"/> Mail	<input checked="" type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input checked="" type="checkbox"/> Exercise of religion	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Excessive force by an officer	<input type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____	

- 3. Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

NIA

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

N/A

5. **Administrative Remedies.**

  - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?  Yes  No
  - b. Did you submit a request for administrative relief on Claim III?  Yes  No
  - c. Did you appeal your request for relief on Claim III to the highest level?  Yes  No
  - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.

✓ request for adm.

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

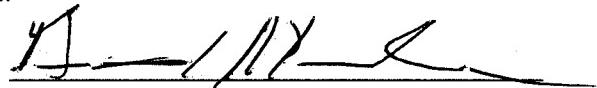
#### E. REQUEST FOR RELIEF

State the relief you are seeking:

AN INJUNCTION TO PROTECT PLAINTIFF; COMPENSATORY, GENERAL, AND SPECIAL DAMAGES IN AN AMOUNT ACCORDING TO PROOF, BUT NO LESS THAN \$250.00 AGAINST DEFENDANTS; EXCLUDING PUNITIVE DAMAGES TO PUNISH THE DEFENDANTS FOR VIOLATING PLAINTIFF'S CONSTITUTIONAL RIGHTS; ATTORNEY FEES, 42 USC 1983; COST OF THIS SUIT; AND ANY OTHER RELIEF THIS COURT DEEMS JUST AND PROPER.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on MARCH 31, 2019  
DATE

  
SIGNATURE OF PLAINTIFF

N/A

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

N/A

(Attorney's address & telephone number)

#### ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.